Form **8871** (July 2000)

For Paperwork Reduction Act Notice, see page 4.

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Form **8871** (7-2000)

Part I General Information			Francis and a sign of the sign
1 Name of organization	ES CAMPA	41 6 N	Employer identification number 73 1593615
2 Mailing address (P.O. Box or nu	(
City ortown, state, and ZIP coo	, OK 74°	755	
3 E-mail address of organization matites	@ upa. net		
4a Name of custodian of records	4b C	ustodian's address PO Bcy 691 &	SALLISAW, OK
O		The state of the s	74955
5a Name of contact person J. T. STITE.	5b C	ontact person's address の	SALLISAW OK
			74955
6 Business address of organization	n (if different from mailing addi	ess shown above). Number, street, a	nd room or suite number
City or town, state, and ZIP coo		SS	
Part II Purpose	<u> </u>	AUG 0 4 2000 ₹	
7 Describe the purpose of the org	anization	1 21	
parpose of the org	į.	LICTES TEVAC	
	<u> </u>	USTIN, TEXAS	
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POSITION	OF OR SI	IMPAIGN FOR	CNIMIVE
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			:
Part III List of All Related	Entities (see instruction	s)	4 11
8a Name of related entity	8b Relationship	8c Address	
		The 12 and 12 an	
			W. 8 2000 J. J.
	n .		Copuncence Group 1
	#ntern	al Révonue Samire -	- AMERICE ILLE CO.
		Os Jen, Calla	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		an Service Cemer	
		SI DOLAICH CHUMOL	

Cat. No. 30405V

Part IV	List of All Officers, Di	rectors, and Highly Co	mpensated Employees (see instructions) 9c Address
9a Name	- (+,+EC	ChAIR	POBOX 691
J./.	STITES	W/T/O	70 BOX 691
			SALLISAW, OK 74955
MOA	V Bewley	Co-ChaiR	1113 BROWN AVE
FXIII	v new rog		
			SAL459W, OK 74953
SUSA	an Fullbright	TRE4SURER	SAL459W, OK 74955 RT 3 BOX 1A
			JALLISAW, OK 74955
			000131700,010171
			4 224 to 1
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	<u> </u>	<u></u>	
	Under penalties of perjury, I deck	are that the organization named i	n Part I is to be treated as an organization described in section 527 of the Internal
	Revenue Code, and that I have a it is true, correct, and complete.	camined this notice, including acc	companying schedules and statements, and to the best of my knowledge and belief,
	1 nh X	HH	1 1 1 21 200
Sign /	Signature of authorized off	eule	Date
Here	Signature of authorized on	MIMI	
	I	⊕	Form 8871 (/-2000)